

□ Approved □ Disapproved

DO NOT WRITE IN THIS SPACE

By:

County:

Office Use Only	

Missouri Department of Conservation **Application for Big Game Hunting Preserve Permit**

COMPLETE THIS BOX: PLEASE PRINT		_	
Name:		Business Name:	
Address:		Business Address: (if different)	
City, State, Zip:		City, State, Zip:	
Home Telephone No.		Work Telephone No.	
County:		Email:	
Location (County):	Section:	Township:	Range:
Species to be handled during permit period:			
			Area Acreage:
Big Game Hunting Preserve Permit (Code 555))(Three-ye	ar permit; All issued perm	nits expire on June 30)\$750.00
following requirements: Animals shall be tagged or in Animals imported in to Missouri must come from a horn Department of Agriculture approved or state-sponsore advancement, and successful completion of program of animals enrolled in a United States Department of Approgram.	erd that is enrolle ed chronic wastin requirements. Ar Agriculture appro	ed and has achieved a statu g disease monitoring prog nimals from within Misson oved or state-sponsored ch	as two (2) or higher in a United States gram – two (2) years of surveillance, uri must come from a herd comprised aronic wasting disease monitoring
Locking Leg Seals (\$10.00 per 100)	Numb	er Ordered	Fee \$
Three-day License Hunting Preserve Perm (\$50.00 per book of 10)	nits Books	Ordered	Fee \$
Annual License Hunting Preserve Permits (\$100.00 per book of 10)	Books	Ordered	Fee \$
Total Enclosed\$			\$
☐ Please check if you need signs for y	your Big Game H	unting Preserve (signs are	of index card quality material).
Approval box in lower left of the application must be 1. First time application for Big Game Hur 2. When species and / or location is being a	nting Preserve per	rmits, including exam certifi	ication (if holding deer or deer-hybrids).
Missouri's Sunshine Law requires that permit buyers' names a	and addresses are pu	blic records unless you specific	cally request that your information be closed.
\Box Check here if you do not wish for your name and c	contact information	on made available on mail	ing lists.
Signature constitutes acceptance of all rules pertaining to re	equested permit(s) a	according to the Wildlife Coo	le of Missouri.
Applicant's Signature:	Date:		
□ Exam Passed □ Exam Not Passed		DO NOT	SEND CASH

Remit by Check, Debit or Credit Card Payment (see back) or Money Order To:
Missouri Department of Conservation
Attn: Commercial Permits
P.O. Box 180
Jefferson City, MO 65102-0180

ALL PERMITS EXPIRE JUNE 30

Unless Otherwise Provided in the Wildlife Code of Missouri

Payment Method

Total Amount Due \$	
☐ Check Enclosed (make check payable to <i>Missour</i>	ri Department of Conservation)
Check One: Uisa MasterCard	□ Discover
Debit or Credit Card Number:	
3 Digit Security Code Number:	(this number is located on the back of your card)
Expiration Date:	Phone #:
Signature:	(required on all debit or credit card orders)

Credit card holder agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.

As required by State Law, payments by debit or credit card will be charged an extra convenience fee according to the chart below. The fee will be added to the amount of your purchase, and your card statement will show the combined amount. This fee is paid to the payment processor, not the Department of Conservation.

Transaction Fee Amount		
\$0 - \$50.00	\$1.25	
\$50.01 - \$75.00	\$1.75	
\$75.01 - \$100.00	\$2.15	
\$100.01 and up	2.15%	

Mail application to: Missouri Department of Conservation

Attn: Commercial Permits

P.O. Box 180

Jefferson City, MO 65102-0180

Fax: (573) 751-4864

Phone: (573) 522-4115 (ext. 3322)